

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name and Address):</i> ATTORNEY FOR <i>(Name):</i> SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	TELEPHONE NO.:	FOR COURT USE ONLY
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT:		
ANSWER TO GOVERNMENTAL COMPLAINT TO ESTABLISH PARENTAL RELATIONSHIP OR CHILD SUPPORT OR BOTH		
		CASE NUMBER:

YOU MUST FILE THIS WITH THE COURT IF YOU WISH TO OPPOSE THIS LAWSUIT.

1. PARENTAGE

a. I am the parent of the following children *(specify all children listed in the complaint):*

Name of children

Date of birth

(1) ☐ Yes ☐ No

(2) ☐ Yes ☐ No

(3) ☐ Yes ☐ No

(4) ☐ Yes ☐ No

(5) ☐ Yes ☐ No

(6) ☐ Additional children are listed on a page attached to this Answer.

b. I understand that the court may order me, the other parent, and the child to undergo parentage blood testing if I have checked "No" for any child in item a above. The court may order the county to pay the costs of the tests now, but I may have to repay those costs at a later date.

2. ☐ I assert the following defenses *(specify):*

3. I want a court hearing. Contact me at:

(Name):

(Address):

(Home phone number): ()

(Work phone number): ()

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

..... (TYPE OR PRINT NAME)	 _____ (SIGNATURE OF DEFENDANT)
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AN ADULT OTHER THAN YOU MUST MAIL A COPY OF THIS ANSWER TO THE DISTRICT ATTORNEY AT THE FOLLOWING ADDRESS:

Complete the Proof of Service on the reverse side of this form and file the original with the court. Keep a copy for yourself.

(See reverse for Proof of Service by Mail)

PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	

PROOF OF SERVICE BY MAIL

- 1. I am over the age of 18, **not a party to this cause**, and a resident of or employed in the county where the mailing took place.
- 2. My business or residence address is (*specify*):
- 3. I served the District Attorney with a copy of this answer by enclosing it in a sealed envelope with postage fully prepaid, depositing it in the United States mail as follows:
 - a. Date of deposit:
 - b. Place of deposit (*city and state*):
 - c. Addressed as follows:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____

..... (TYPE OR PRINT NAME)

▶ _____ (SIGNATURE OF PERSON MAILING FORM)